

ALABAMA DEPARTMENT OF REVENUE
INDIVIDUAL AND CORPORATE TAX DIVISION
Business Privilege Tax Extension Request**2008**

WHO MUST FILE: The Alabama Form PSE, Business Privilege Tax Extension Request, must be filed by a taxpayer if the taxpayer is unable to timely file an Alabama Form CPT return or an Alabama Form PPT return. Payments of \$750 or more must be made electronically, but Alabama Form PSE must be completed and filed regardless of whether the payment is made electronically or remittance is made in form of a check.

The Alabama Department of Revenue Web site at www.revenue.alabama.gov provides additional information concerning electronic tax payment requirements, business privilege tax form preparation requirements, and business privilege tax return filing and payment requirements.

WHEN TO FILE: Alabama Form PSE and its accompanying payment must be post marked by the original due date of the taxpayer's annual Alabama business privilege tax return (Form CPT or Form PPT).

WHERE TO FILE:

Alabama Department of Revenue
Business Privilege Tax Section
PO Box 327431
Montgomery, AL 36132-7431

LINE INSTRUCTIONS FOR PREPARING FORM PSE

TAX PERIOD: Enter the last day of the taxpayer's taxable year (Determination Period End Date).

CONSOLIDATED RETURN INDICATOR: Enter an "X" in the box to indicate the extension request is for a Financial Institutions Group consolidated return. The FEIN provided must be that of the group's parent company.

FEIN: Enter the taxpayer's Federal Employer Identification Number (FEIN).

AMOUNT PAID: Enter the amount of payment submitted with the extension request. The full amount of business privilege tax due for the tax year must be paid by the original due date of the annual business privilege tax return.

NAME/ADDRESS: Enter the legal name for the taxpayer and a complete mailing address for the taxpayer.

TAXPAYER TYPE: Enter an "X" in the appropriate box to identify the taxpayer type.

ADDRESS CHANGE: Enter an "X" in the box if the taxpayer's mailing address has changed.



DETACH ALONG THIS LINE AND MAIL VOUCHER WITH YOUR FULL PAYMENT



DO NOT STAPLE OR ATTACH THIS VOUCHER TO YOUR PAYMENT

ALABAMA DEPARTMENT OF REVENUE
Business Privilege Tax Extension Request**2008****Tax Type:** BPT**Tax Period:** • ____ / ____ / ____
MONTH DAY YEAR**Taxpayer Type:** ☐ C Corporation ☐ S Corporation☐ Check if extension request for consolidated return☐ Limited Liability Entity ☐ Other**FEIN:** • _____☐ Check if address has changed**ADOR****Amount Paid:** \$ • _____

LEGAL NAME

• _____

MAILING ADDRESS

CITY

STATE

ZIP